	IA ETHICS AND
FOR INSTRUCTIONS, SEE BACK OF FORM CHECK ONE:	UR-7
* Statement must be filed within 10 days of committee accepting contribution	ons, making expenditures, or For Office Use Only 17380
incurring debts exceeding \$750. Amendments must be filed within 30 days Effective January 1, 2010, all statements and reports filed by new committee electronically and effective January 1, 2012, all statements and reports filed must be filed electronically.	ees for state office must be filed Audited Computer
Effective May 1, 2010, all statements and reports for State PACs and State	Parties must be filed electronically.
COMMITTEE NAME + (A candidate's committee must include the candidate's last name in the name of the committee.) If amending committee name, put old name in ( ).  Contilude Committee of the committee name, put old name in ( ).	
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)Statewide PAC (3)State Party (4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Ballot Issue (including committee Involved In multiple city/county ballot issues)	
Name + Sk a C	COMMITTEE CHAIR (mandatory except for a candidate's committee)  Name
Mailing Address	Mailing Address ↓ ↓
Name + Discourse (institution)  Name + Discourse (institution)  Mailing Address   Discourse (institution)  Signification (institution)  City, State + Dip Code + Discourse (institution)  City, State + Dip Code + Discourse (institution)	City, State ↓ ↓ Zip Code ↓ ↓
Phone (513) 967~ [[8]	Phone ( )
e-Mail CONKING_8@MSN.Com	e-Mail
Comment or description: All Candidates Enter:	Advocate against ballot issue(s)  County/Local Candidates and Ballot issue Committees Enter:
Office Sought	<u></u>
County:     Political Party (if applicable) (If active in multiple ballot issue elections, attach list of counties	
Political Party (If applicable)	(II active it include pariot issue electrons, attack list of couldines
District:	
District: Year Standing for Election:	Date of Election:
Year Standing for Election:  Bank Account Name (must match committee name)	Date of Election:  Candidate name & Address or Parent Entity (PACs, if applicable).  Affiliate, or Sponsor
Year Standing for Election:  Bank Account Name (must match committee name)	Date of Election:  Candidate name & Address or Parent Entity (PACs, if applicable).  Affiliate, or Sponsor
District: Year Standing for Election:  Bank Account Name (must match committee name)  Conkliste Committee  Name of Financial Shattution/type of Account	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate, or Sponsor  J. M. Skip Coukling Mailing Address
District: Year Standing for Election:  Bank Account Name (must match committee name)  Coskledg Committee  Name of Financial Shall ution/type of Account  Legacy Bask  Mailing Address J. J.	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate, or Sponsor  J.M. Skip Coukling  Mailing Address  516.6757 NW  City State 1 7in
District: Year Standing for Election:  Bank Account Name (must match committee name)  Coskledg Committee  Name of Financial Shall ution/type of Account  Legacy Bask  Mailing Address J. J.	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate, or Sponsor  J.M. Skip Coukling  Mailing Address  516.6757 NW  City State 1 7in
District: Year Standing for Election:  Bank Account Name (must match committee name)  Coskledg Committee  Name of Financial Shall ution/type of Account  Legacy Bask  Mailing Address J. J.	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate, or Sponsor  J.M. Skip Coukling  Mailing Address  516.6757 NW  City State 1 7in
District: Year Standing for Election:  Bank Account Name (must match committee name)  Conklist Committee  Name of Financial Institution/type of Account  Legacy Bank Mailing Address +  P. O. Bx 309	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate, or Sponsor  J. M. S Kip Coukling  Mailing Address
District: Year Standing for Election:  Bank Account Name (must match committee name)  Coskledg Committee  Name of Financial Shall ution/type of Account  Legacy Bask  Mailing Address J. J.	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate. or Sponsor  J.M. Skip Conkling  Mailling Address  516.67257 NW  City 1 State 1 Zip 1 Address  Address 2 Towa S 6009  Phone (S15) 967-1181  e-Mail Conkling - 8@MSN. Com
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklist Committee  Name of Financial Institution/type of Account  Legacy Bank  Mailing Aldress + +  P.o. Bx 309  City + State + Zip +  Authoria Teaus 5009  STATEMENT OF AFFIRMATION: By filing this document the committee at	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate. or Sponsor  J.M. Skip Conkling  Mailling Address  516.67257 NW  City 1 State 1 Zip 1 Address  Address 2 Towa S 6009  Phone (S15) 967-1181  e-Mail Conkling - 8@MSN. Com
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklede Committee  Name of Financial Institution/type of Account  Legacy Bank  Mailing Aldress +  P. O. Bx 309  City + State + Zip +  Actional Televine State + Zip +  Actional	Date of Election:    Candidate name & Address or Parent Entity (PACs. if applicable).
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklara Committee  Name of Financial Institution/type of Account  Legacy Bank  Mailing Alidress + F.o. Bx 309  City + State + Zip + Zip  Actoric - Zip + State + Zip + Zip  From the Committee and all persons connected with the committee and 1. The committee and all persons connected with the committee understand thrules in Chapter 351 of the lowa Administrative Code.  2. That lowa Code section 68A 402 and rule 351—4.9 require the filing of discissible to the candidate or chairperson (in the case of committees other than a cimposition of other criminal and civil sanctions.  3. That lowa Code section 68A 405 and rules 351—4.38 through 4.43 require to the control of the committees of the commi	Date of Election:    Candidate name & Address or Parent Entity (PACs, if applicable).
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklar Committee  Name of Financial Institution/type of Account  Legacy Bank  Mailing Address  P. D. Bx 309  City	Date of Election:    Candidate name & Address or Parent Entity (PACs, if applicable).
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklard Committee  Name of Financial Institution/type of Account  Legacy Bank  Mailing Alidress  P.O. Bx 309  City	Date of Election:    Candidate name & Address or Parent Entity (PACs, if applicable).
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklass Committee  Name of Financial Institution/type of Account  Legacy Beak  Mailing Alidress  P. D. Bx 309  City	Date of Election:    Candidate name & Address or Parent Entity (PACs, if applicable).
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklard Committee  Name of Financial Institution/type of Account  Legacy Bask  Mailing Alidress +  P.o. Bx 309  City + State + Zip +  Actornal Tof AFFIRMATION: By filling this document the committee at 1. The committee and all persons connected with the committee understand thrules in Chapter 351 of the Iowa Administrative Code.  2. That Iowa Code section 68A.402 and rule 351—4.9 require the filling of discisubjects the candidate or chairperson (in the case of committees other than a cimposition of other criminal and civil sanctions.  3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require threaterials except for those items exempted by statute or rule. A committee that does not intend to cross the \$750 filing threshold shall file the Form DR-SFA for 4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit 5. A candidate and a candidate's committee may only expend campaign funds 6. That the committee will continue to file disclosure reports until all activity has	Date of Election:  Candidate name & Address or Parent Entity (PACs. if applicable).  Affiliate, or Sponsor  J. M. Skip Conklag  Mailing Address  516.6.57 NW  City
District:  Year Standing for Election:  Bank Account Name (must match committee name)  Conklard Committee  Name of Financial Institution/type of Account  Legacy Bask  Mailing Alidress +  P.o. Bx 309  City + State + Zip +  Actornal Tof AFFIRMATION: By filling this document the committee at 1. The committee and all persons connected with the committee understand thrules in Chapter 351 of the Iowa Administrative Code.  2. That Iowa Code section 68A.402 and rule 351—4.9 require the filling of discisubjects the candidate or chairperson (in the case of committees other than a cimposition of other criminal and civil sanctions.  3. That Iowa Code section 68A.405 and rules 351—4.38 through 4.43 require threaterials except for those items exempted by statute or rule. A committee that does not intend to cross the \$750 filing threshold shall file the Form DR-SFA for 4. That Iowa Code section 68A.503 and rules 351—4.44 through 4.52 prohibit 5. A candidate and a candidate's committee may only expend campaign funds 6. That the committee will continue to file disclosure reports until all activity has	Date of Election:    Candidate name & Address or Parent Entity (PACs, if applicable).